



## Installment Request for Individual Income

### THIS AGREEMENT CANNOT EXCEED SIX (6) MONTHS.

**Note:** Do not file this form if you are currently making payments on an installment agreement. During the existence of this agreement, you **must** file all state tax returns and pay all state taxes timely.

Monthly installments are available to taxpayers who are unable to pay the full balance owed by the due date. During this period, you **must** submit monthly payments equal to 1/6 of the total balance due. When the payment plan request has been approved, you will be notified. You should make monthly payments even if you have not received a response from the Department.

An approved installment agreement **will not prevent** the assignment of your account for garnishment of any refund due from the Internal Revenue Service or the Louisiana Department of Revenue. To protect the State's interest, a Tax Assessment and Lien may be filed.

First name	Middle initial	Last name	Social Security Number
Spouse's First Name	Middle initial	Last name	Social Security Number
Current address (number and street)			Apartment number
City	State	ZIP	Telephone Number (       )

To apply for an installment agreement, do not submit this form with your return. Mail the form to:

**Louisiana Department of Revenue**  
**P. O. Box 66658**  
**Baton Rouge, LA 70896-6658**

Tax period(s) to be included: \_\_\_\_\_ Date you wish to make your monthly payments: \_\_\_\_\_

To calculate the amount of your monthly payment, divide the total amount due by six (6).

Total amount due \$ \_\_\_\_\_ ÷ 6 = \$ \_\_\_\_\_ amount of monthly payment

We encourage the use of **automatic bank debit** for payment of the agreement. With the bank debit, payments will be withdrawn from your checking or savings account on the date you specify. Failure to have sufficient funds in your account at the time of debit will result in an NSF fee being added to the balance due and result in your agreement being cancelled. **The application for automatic bank debit is on the reverse side of this form.**

If you have questions about an installment request, contact the Collection Division at (225) 219-7448. If your request is approved, you will need to contact the Collection Division to determine the amount of the final payment since penalty, interest and collection fees will accrue until the tax is paid in full.

The normal billing process will continue. A part of that process is the issuance of a "Notice of Intent". **Failure to make the scheduled monthly payment will result in seizure of bank accounts and/or garnishment of your wages.** Please ensure that your social security number is written on your remittance.

Your signature	Spouse's signature	Date
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**Installment Request for Individual Income**  
**This agreement cannot exceed six (6) months.**

## Bank Debit Application

**Request must be mailed to:** Louisiana Department of Revenue  
 Collection Division  
 Post Office Box 66658  
 Baton Rouge, La 70896-6658

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Spouse Name \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Daytime Telephone Number \_\_\_\_\_

Name of your Financial Institution \_\_\_\_\_

Bank Routing Number \_\_\_\_\_

Bank Account Number \_\_\_\_\_

Bank Account Name \_\_\_\_\_ Checking ☐ Savings ☐

Start Date \_\_\_\_\_

Debit Date \_\_\_\_\_

Debit Amount \_\_\_\_\_

### Signature and Verification

Under penalties of perjury, I (we) declare that the information is to the best of my (our) knowledge and belief is true, correct, and complete. I agree to participate in this Automatic Bank Draft Program.

I also authorize the financial institutions involved in processing the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

Your signature \_\_\_\_\_

Date \_\_\_\_\_

Spouse's Signature \_\_\_\_\_

Date \_\_\_\_\_

